DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: LIGHTED PATHWAYS II (0010749)

Address: 712 BADGER COURT, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 12/14/2004

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History	V	tor	ist	H	vev	Sur	
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Survey ID: 0095081 End Date: 06/16/2005 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008198 Served 06/23/2005

Deficiencies Cited Subject Area Subject Area Subject Area Corrected

50.065(4m)(c) COMPLETE BACKGROUND INFORMATION

DISCLOSURE FORM

88.04(2)(g)1 HEALTH SCREENING FOR STAFF 88.06(3)(d)1 DESCRIPTION OF SERVICES 88.09(2)(a) SERVICE PROVIDER RECORD

Survey ID: 0093840 End Date: 12/14/2004 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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